

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Payson, et al.

Serial No: 09/933,298

Filed: August 20, 2001

Title: Industrial Switching Hub For
Ethernet Network

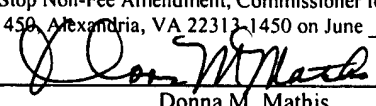
Atty. Docket No.: Wdhd 231

Group Art: 2636

Examiner: Swarthout, Brent

CERTIFICATE OF MAILING

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Donna M. Mathis

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
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Sir:

AMENDMENT B

INTRODUCTORY COMMENTS

This is in response to the Final Action of April 20, 2004. Applicant has amended the claims to include three independent claims, 11, 12 and 13, corresponding respectively to the scope of original claims 5, 9 and 10 which were objected to, but which were indicated in the Final Action as being allowable if rewritten in independent form. It is believed that all issues have been resolved, and this application is now in condition for allowance.

This Amendment is submitted within TWO MONTHS of the mailing date of the Final Action dated April 20, 2004. Therefore, pursuant to 37 C.F.R. §1.136(a), the THREE-MONTH shortened statutory period set by the Office Action will expire on the

date the Advisory Action is mailed, in the event an Advisory Action is not mailed until after the end of the THREE-MONTH shortened statutory period – namely, July 20, 2004.



AF 2636
61

Please type a plus sign (+) inside this box → **+**

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/933,298	
	Filing Date	08/20/2001	
	First Named Inventor	Payson	
	Group Art Unit	2636	
	Examiner Name	Swarthout	
Total Number of Pages in This Submission	10	Attorney Docket Number	Wdhd 231

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Form PTO/SB/06 Patent Application Fee Determination Record	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James J. Hill Emrich & Dithmar LLC
Signature	<i>James J. Hill</i>
Date	June 16, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 6/16/04	
Typed or printed name	Donna M. Mathis
Signature	<i>Donna M. Mathis</i>
Date	6/16/04

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Wdhd 231

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	10	minus 20 = * 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1	minus 3 = * 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL	\$0

RATE	FEE
	\$ 750
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL	\$750

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 10	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 1	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL ADDIT. FEE	\$0

RATE	ADDI- TIONAL FEE
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL ADDIT. FEE	\$0

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 7	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL ADDIT. FEE	\$0

RATE	ADDI- TIONAL FEE
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL ADDIT. FEE	\$0

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	*	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL ADDIT. FEE	\$0

RATE	ADDI- TIONAL FEE
x \$ _____ =	\$0
x _____ =	\$0
+ _____ =	\$0
TOTAL ADDIT. FEE	\$0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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